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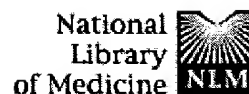
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Maintenance of remission with human recombinant interfero alfa-2a in patients with stages III and IV low-grade malignant non-Hodgkin's lymphoma. European Organization for Research and Treatment of Cancer Lymphoma Cooperative Group.

Hagenbeek A, Carde P, Meerwaldt JH, Somers R, Thomas J, De Boc Raemaekers JM, van Hoof A, De Wolf-Peeters C, van Glabbeke M.

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PURPOSE: Interferon alfa has shown significant activity in patients low-grade malignant non-Hodgkin's lymphoma (NHL). In 1985, we initiated a prospective randomized study in which the potential benefit of interferon alfa given as maintenance treatment was investigated after tumor load reduction was achieved with chemoradiotherapy in patients with advanced low-grade malignant non-Hodgkin's lymphoma. **PATIENTS AND METHODS:** The study involved 347 patients with stage III or IV disease, 315 satisfying the eligibility criteria. All were treated with a regimen of cyclophosphamide, vincristine, and prednisone (CVP) given every 3 weeks for eight cycles. Thereafter, patients were eligible for iceberg irradiation. Finally, all patients were completely restaged, and responding and stable-disease patients were then randomized, 122 to interferon alfa-2a maintenance, 3 million U three times weekly for 1 year; and 120 to no further treatment. **RESULTS:** Seventy-nine percent of the patients response to CVP, i.e., 45% complete remissions (CR) and 34% partial remissions (PR). In the group of randomized patients, the response rate after CVP plus or minus radiotherapy was 90%. As compared with control patients, patients in the interferon (IFN) maintenance group had a tendency toward a prolonged time to progression (TTP) (median, 132 v 87 weeks; $P = .054$, adjusted for response to CVP). However, overall survival was similar in both groups. Interferon was well tolerated. The median dose of IFN actually received corresponded to 90% of the planned cumulative dose. The treatment had to be stopped because toxicity in 16 patients (15% of the patients in whom IFN was started). **CONCLUSION:** Interferon maintenance treatment in the phase of

minimal residual disease of patients with advanced low-grade malignant NHL increased TTP at the borderline of statistical significance, without remarkable toxicity. However, overall survival was not influenced.

Publication Types:

- Clinical Trial
- Clinical Trial, Phase III
- Multicenter Study
- Randomized Controlled Trial

PMID: 9440721 [PubMed - indexed for MEDLINE]

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